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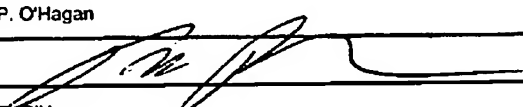
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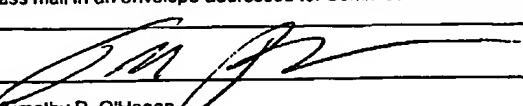
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|-----------------------------------------------------------------------------------------|----------------------|------------------------|-----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/079,128 | |
| | Filing Date | 2/20/02 | |
| | First Named Inventor | Berlyoung, Danny L. | |
| | Art Unit | 2614 | |
| | Examiner Name | Bui, Bing Q | |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | 13944,112 |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks One Month Petition Fee \$60. Extra Claim Fee \$100 <div style="font-size: 2em; margin-left: 400px;">\$160</div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name | Timothy P. O'Hagan | | |
| Signature |  | | |
| Printed name | Timothy P. O'Hagan | | |
| Date | 8-16-06 | Reg. No. | 39,319 |

CERTIFICATE OF TRANSMISSION/MAILING

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